

**Medical,
Prescription,
Behavioral
Health**

2016-2017 Rate Sheets

Full-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Incentives
Cigna HMO	Employee	80.78	20.78
	Employee + Spouse	155.48	95.48
	Employee + Child(ren)	123.70	63.70
	Employee + Family	212.82	152.82
UnitedHealthcare PPO	Employee	103.58	43.58
	Employee + Spouse	225.60	165.60
	Employee + Child(ren)	187.02	127.02
	Employee + Family	313.28	253.28
UnitedHealthcare HDHP with H.S.A.	Employee	65.58	5.58
	Employee + Spouse	86.20	26.20
	Employee + Child(ren)	76.98	16.98
	Employee + Family	114.64	54.64

Part-Time Active Employees

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium Less all Incentives
Cigna HMO	Employee	359.06	299.06
	Employee + Spouse	693.52	633.52
	Employee + Child(ren)	568.48	508.48
	Employee + Family	910.44	850.44
UnitedHealthcare PPO	Employee	381.86	321.86
	Employee + Spouse	763.64	703.64
	Employee + Child(ren)	631.80	571.80
	Employee + Family	1,010.90	950.90
UnitedHealthcare HDHP with H.S.A.	Employee	343.86	283.86
	Employee + Spouse	624.24	564.24
	Employee + Child(ren)	521.76	461.76
	Employee + Family	812.26	752.26

Vision & Dental

2016-2017 Rate Sheets

Vision

Plan	Tier	Full-Time Active Employee Monthly Premium	Part-Time Active Employee Monthly Premium
EyeMed	Employee	1.32	4.06
	Employee + Spouse	2.90	7.96
	Employee + Child(ren)	2.18	7.68
	Employee + Family	3.90	11.86

Dental

Plan	Tier	Full-Time Active Employee Monthly Premium	Part-Time Active Employee Monthly Premium
Cigna Prepaid (DHMO)	Employee	4.56	6.44
	Employee + Spouse	8.58	11.32
	Employee + Child(ren)	11.18	15.32
	Employee + Family	12.88	17.90
Cigna (PPO)	Employee	14.94	24.24
	Employee + Spouse	32.86	53.36
	Employee + Child(ren)	35.60	57.76
	Employee + Family	45.78	74.18
Delta (PPO)	Employee	23.90	33.20
	Employee + Spouse	52.66	73.16
	Employee + Child(ren)	57.02	79.18
	Employee + Family	73.46	101.86

2016-2017 Rate Sheets

Life Insurance

Coverage Multipliers per \$1,000 or \$5,000 Worth of Coverage		Monthly Employee Premium Per \$1,000/Salary
Additional Accidental Death and Dismemberment - Employee; Coverage per \$1,000		0.020
Additional Accidental Death and Dismemberment - Family; Coverage per \$1,000		0.035
Dependent Child Life; Coverage per \$5,000		0.100
Additional Life / Spouse Life - Non-Tobacco Use		Monthly Employee Premium Per \$1,000/Salary
Non-Tobacco	Under 25	0.032
Non-Tobacco	25-29	0.038
Non-Tobacco	30-34	0.050
Non-Tobacco	35-39	0.056
Non-Tobacco	40-44	0.074
Non-Tobacco	45-49	0.120
Non-Tobacco	50-54	0.184
Non-Tobacco	55-59	0.312
Non-Tobacco	60-64	0.528
Non-Tobacco	65-69	0.760
Non-Tobacco	70 and older	1.408
Additional Life / Spouse Life - Tobacco Use		Monthly Employee Premium Per \$1,000/Salary
Tobacco User	Under 25	0.052
Tobacco User	25-29	0.056
Tobacco User	30-34	0.064
Tobacco User	35-39	0.109
Tobacco User	40-44	0.155
Tobacco User	45-49	0.308
Tobacco User	50-54	0.567
Tobacco User	55-59	0.578
Tobacco User	60-64	0.896
Tobacco User	65-69	1.096
Tobacco User	70 and older	1.800

2016-2017 Rate Sheets

Other Benefits

Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0028
50%	0.0044
60%	0.0084

Examples:

Comparison of STD Premium at Various Salary Levels			
Annual Earnings	Bi-Weekly Premium Short-Term 60%	Bi-Weekly Premium Short-Term 50%	Bi-Weekly Premium Short-Term 40%
25,106	8.79	4.60	2.93
40,503	14.18	7.43	4.73
50,336	17.62	9.23	5.87
61,922	21.67	11.35	7.22
73,923	25.87	13.55	8.62
115,981	40.59	21.26	13.53

Group Legal

Other Services	Monthly Employee Premium
Hyatt Legal	15.74